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CONFIDENTIAL

BIOTECHNOLOGY LAW GROUP 12707 HIGH BECTE DRIVE, SCHIJ 200 SAN DILGO, CA 92130 DODGLAS C, MERDOCK

Tra: 760 815-7554 TAX: 858.350-9691

Fax "RESPONSE TO FINAL OFFICE ACTION" **EXPEDITED PROCEDURE – EXAMINING GROUP 1644**

To:	Mail Stop AF Commissioner for Patents	From: Douglas C. Murdock	
Fax:	571-273-8300	Date: June 3, 2009	
Phone:	1-800-786-9199	Pages: 12 (including cover page)	
Re:	RESPONSE AND AMENDI FINAL OFFICE ACTION	MENT TO CC:	
Urge		Please Comment Please Repty Please Recycle	
COMM	ents: 000N: 10/014,03p	riled: / July 2003 Inventor: ALBANI, Balvatore	
Atty. R	of No: AND-1001-DV2		
Atty. R Dear Sir			
Dear Sir	; ed in Response to the Fins	ul Office Action mailed on April 23, 2009, and for filing are the follow	ving

3. Amendment and Response to the Final Office Action (6 pages);

4. Terminal Disclaimer (2 pages);

- Credit Card Payment Form () (1 page); and
- Fee Transmittal (in Duplicate) (1 page each).

Should you have any questions, please do not hesitate to contact me.

Sincerely

Douglas C. Murdock Reg. No.: 37549

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PTO/\$8/21 (04-09)
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Under the Paperwork Reduction Act of 1995, no person	U.Ş u are required to respond to a	. Putent and T	rademark Office; U.S. DEPARTMENT OF COMMERCE										
	Application Number	10/814.83	_										
TRANSMITTAL	Filing Date	07-07-200	3										
FORM	First Named Inventor	ALBANI, S	ALBANI, Salvatore										
	Ari Unit	1644	1644										
(to be used for all correspondence after initial filing)	Examiner Name	Gerald R.	Gerald R. Ewoldt										
Total Number of Pegas in This Submission 12	Attorney Docket Number	AND-1001	AND-1001-DV2										
ENCLOSURES (Check all that apply)													
	Drawing(s)		After Allowance Communication to TC Appeal Communication to Board										
Fee Atlached	Liconsing-related Papers		of Appeals and Interferences										
	Petition Petition to Convert to a		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)										
After Final	Provisional Application Power of Attorney, Revocat	ion	Proprietary Information										
	Change of Correspondence		Status Letter										
Extension of Time Request	Tominal Disclaimer		Other Enclosure(s) (please Identify below):										
Express Abandonment Request	Request for Refund		Fax Transmittel; Courtesy Copy of Final Office Action;										
Information Disclosure Statement	CD, Number of CD(s)		Terminal Disclaimer, and Credit Card Payment Form (PTO-2038).										
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Certified Copy of Priority Document(s)	rks												
Reply to Missing Parts/													
Incomplete Application Reply to Missing Parts													
under 37 CFR 1.52 or 1.53													
	F APPLICANT, ATT	ORNEY, C	R AGENT										
Firm Namo BioTechnology Law Group													
Signature Demundar 2	7 _ 												
Printed name Douglas C. Murdock													
Date June 3, 2009		Reg. No.	37549										
CERTIFIC	CATE OF TRANSMIS	SION/MAI	LING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:													
Signature Start Start													
Typed or printed name Irene Grimes Setke	7		Date Juno 9, 2009										

This coffection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. I me will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-08) Approved for use through 08/30/2010, OMB 0851-0002

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) Application Number 10/614,639 TRANSMIT Filing Date 07-07-2003 For FY 2009 First Named Inventor ALBANI, Salvatore Examiner Name Gerald R. Ewoldt ✓ Applicant claims small entity status. See 37 CFR 1,27 Art Unit 1644 TOTAL AMOUNT OF PAYMENT 70.00 Altomey Docket No. AND-1001-DV2 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify); Deposit Account Deposit Account Number: Déposit Account Name For the above-identified deposit account, the Director is noreby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee Charge any additional fae(s) or underpayments of (cc(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Foo (\$) Utility 330 165 540 220 270 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Total Claims Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(Ci) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = __ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): \$70,00 Terminal Disclaimer Fee 70.00 SUBMITTED BY Telephone (760) 815-7554 Signature (Attomey/Agent) Name (Print/Type) Douglas C. Murdock Date June 3, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete; including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 1	Complete if Known									
Fees pursuant to the Consolidated Ap	Application Number		10/614,639							
FEE TRAI	Filing Date 0		07-07-200	3						
For F	First Named Inventor		ALBANI, Salvatore							
Applicant claims small entity	Examiner Name Ger		Gerald R.	Serald R. Ewoldt						
	1	_	Art Unit 164		1644	644				
TOTAL AMOUNT OF PAYMENT	Attorney Docke	AND-1001	ND-1001-DV2							
METHOD OF PAYMENT (check all that apply)										
Check ✓ Credit Card Money Order None Other (please identify):										
Deposit Account Osposit A	Account Number:		Deposit A	COOUNT NE	me:					
For the above-identified de						y)				
Charge fee(s) indica	ited below		Chan	ne f ee (s)	indicated be	iow. ex	cept for the filing fee			
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information and authorization on PTC)- 2 038.									
FEE CALCULATION										
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Application Type Fee Utility 330		Fee (\$		Fee	•	\$)	Fees Paid (\$)			
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Design 220		100	50	140						
Plant 220	_	330	165	170			•••			
Reissue 330	_	540	270	650	325					
Provisional 220	0 110	0	n	O	0					
2. EXCESS CLAIM FEES Fee Description					Fe	e (\$)	Small Entity Fee (5)			
Each claim over 20 (includi						52	26			
Each independent claim over	er 3 (including Reissu	es)		_	20	110				
Multiple dependent claims Total Claims Extra	Claims Ess (C)	F	D-14 (6)	_	390 195					
• 20 or HP =	Claims Fee (5)	= CR	Pald (\$)			6 (\$) 6 (\$)	ependent Claims Fee Paid (\$)			
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3. APPLICATION SIZE FEE	!						-v			
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s), Total Sheets										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing surcharge): \$70.00 Terminal Disclaimer Fee 70.00										
SUBMITTED BY										
	1000M		Registration No.	37549	Ti	elepho	^{3Ne} (780) 815-7554			

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Name (Print/Type) Douglas C, Murdock

Date June 3, 2009